

Fill in this information to identify the case:

Debtor name **The College of Saint Rose**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF NEW YORK**

Case number (if known) **24-11131**

☐ Check if this is an
amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address Department of Labor Unemployment Insurance PO Box 4301 Binghamton, NY 13902 Date or dates debt was incurred July-Sept. 2024 Last 4 digits of account number 4301 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Unemployment Insurance July 2024 to Sept 2024 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$432,375.04 \$432,375.04

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address AccuData Intergrated Marketing, Inc PO Box 61557 Fort Myers, FL 33906 Date(s) debt was incurred ____ Last 4 digits of account number 6734	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$2.20
3.2	Nonpriority creditor's name and mailing address Adam Tegnander 5 Weston Dr Clifton Park, NY 12065-6023 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$276.09

Debtor	The College of Saint Rose Name	Case number (if known)	24-11131
3.3	Nonpriority creditor's name and mailing address Adrian Donnelly 12 Hillview Ter Castleton On Hudson, NY 12033-1404 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$450.00
3.4	Nonpriority creditor's name and mailing address Alattia Myers 59 Beverly Ave Albany, NY 12206-3215 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,286.00
3.5	Nonpriority creditor's name and mailing address Albany Fire Extinguisher 215 Watervliet Shaker Road Watervliet, NY 12189 Date(s) debt was incurred ____ Last 4 digits of account number 5086	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,224.25
3.6	Nonpriority creditor's name and mailing address Albany Water Board PO Box 4570 Buffalo, NY 14240-4570 Date(s) debt was incurred ____ Last 4 digits of account number 7071	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,060.46
3.7	Nonpriority creditor's name and mailing address Alexander Zavadil 223 Ballston Ave Ballston Spa, NY 12020-3607 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$135.00
3.8	Nonpriority creditor's name and mailing address Alexander Zavadil 223 Ballston Ave Ballston Spa, NY 12020-3607 Date(s) debt was incurred ____ Last 4 digits of account number 5086	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70.00
3.9	Nonpriority creditor's name and mailing address Alexandra Nelson 43A Edward Street Cohoes, NY 12047 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,251.77

Debtor	The College of Saint Rose	Case number (if known)	24-11131
Name			
3.10	Nonpriority creditor's name and mailing address Alliance Risk Group 56 Clifton County Road Clifton Park, NY 12065 Date(s) debt was incurred ____ Last 4 digits of account number <u>2838</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$510.00
3.11	Nonpriority creditor's name and mailing address Allyson Hobarth 128 W Wendell St Endicott, NY 13760-4056 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4.23
3.12	Nonpriority creditor's name and mailing address Alp Gulden 181 S Main St Sherborn, MA 01770-1427 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$454.00
3.13	Nonpriority creditor's name and mailing address American Indian Library Association PO Box 41296 San Jose, CA 95160-1296 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.14	Nonpriority creditor's name and mailing address Amy Hunter 9661 Buttonbush Pl Brewerton, NY 13029-9429 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250.00
3.15	Nonpriority creditor's name and mailing address Amy Romat 11245 State Route 9 Champlain, NY 12919-5045 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$78.75
3.16	Nonpriority creditor's name and mailing address Ann Neilson PO Box 171 Schaghticoke, NY 12154 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$132.23

Debtor	The College of Saint Rose Name	Case number (if known)	24-11131
3.17	Nonpriority creditor's name and mailing address Anna Giardenelli 2004 Anthony Dr Schenectady, NY 12303-4504 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
3.18	Nonpriority creditor's name and mailing address Ave Sibaja 448 4th St Fl 2 Troy, NY 12181-5325 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$86.25
3.19	Nonpriority creditor's name and mailing address Belfor USA Group Inc 2191 Central Avenue Schenectady, NY 12304 Date(s) debt was incurred ____ Last 4 digits of account number 4640	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Base Repairs to St. Joe's Flood Completed Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,293.62
3.20	Nonpriority creditor's name and mailing address Bloomberg LP 120 Park Avenue New York, NY 10017 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,200.00
3.21	Nonpriority creditor's name and mailing address BND Inc. PO Box 80445 Taylors Bridge Rd Townsend, DE 19734 Date(s) debt was incurred ____ Last 4 digits of account number 6722	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Contract Termination Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,680.00
3.22	Nonpriority creditor's name and mailing address Brendan Stout 6 Overlook Ave Greenwich, NY 12834-4001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32.19
3.23	Nonpriority creditor's name and mailing address Bruce Scott 205 Consaul Rd Albany, NY 12205-3607 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$99.40

Debtor	The College of Saint Rose	Case number (if known)	24-11131
Name			
3.24	Nonpriority creditor's name and mailing address Cameron Myers 109 Severson Ave Altamont, NY 12009-7725 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19.00
3.25	Nonpriority creditor's name and mailing address Carley Natosi 25 Howell Pl Kearny, NJ 07032-3612 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18.28
3.26	Nonpriority creditor's name and mailing address Carlos Menjivar 40 Oakwood St Albany, NY 12208-2421 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$428.83
3.27	Nonpriority creditor's name and mailing address Carlos Menjivar 40 Oakwood St Albany, NY 12208-2421 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36.57
3.28	Nonpriority creditor's name and mailing address Carlos Menjivar 40 Oakwood St Albany, NY 12208-2421 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$193.94
3.29	Nonpriority creditor's name and mailing address Carrie Harris 2 Merrall Dr Clifton Park, NY 12065-7225 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300.00
3.30	Nonpriority creditor's name and mailing address Chartrand, Shelly 7 Artillery Approach Mechanicville, NY 12118-3527 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00

Debtor	The College of Saint Rose	Case number (if known)	24-11131
Name			
3.31	Nonpriority creditor's name and mailing address Chelsea Murphy 25 Hiawatha Dr Clifton Park, NY 12065-7725 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250.00
3.32	Nonpriority creditor's name and mailing address ChemSearchFE 236261 Network Place Chicago, IL 60673 Date(s) debt was incurred ____ Last 4 digits of account number 5766	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,916.96
3.33	Nonpriority creditor's name and mailing address Christian Morrison 1 Nates Ct Burnt Hills, NY 12027-6711 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60.00
3.34	Nonpriority creditor's name and mailing address Chumani Ketcham 1188 County Route 7 Hannibal, NY 13074-3303 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.54
3.35	Nonpriority creditor's name and mailing address Constellation NewEnergy Inc PO Box 4640 Carol Stream, IL 60197 Date(s) debt was incurred ____ Last 4 digits of account number 6701	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Contract Termination Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,689.36
3.36	Nonpriority creditor's name and mailing address County Waste - Clifton Park A Waste Connections Company PO Box 431 Clifton Park, NY 12065 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Waste Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,684.58
3.37	Nonpriority creditor's name and mailing address Crown Castle Fiber, LLC PO Box 32102 New York, NY 10087 Date(s) debt was incurred ____ Last 4 digits of account number 0936	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Contract Termination Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,894.71

Debtor	The College of Saint Rose	Case number (if known)	24-11131
Name			
3.38	Nonpriority creditor's name and mailing address CT Male Associates 50 Century Hill Drive Latham, NY 12110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lab Decommissioning Service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,030.00
3.39	Nonpriority creditor's name and mailing address Daniel Carr 859 Myrtle Ave Albany, NY 12208-2607 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29.56
3.40	Nonpriority creditor's name and mailing address Danielle Gill 34 Curt Blvd Saratoga Springs, NY 12866-8913 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$112.75
3.41	Nonpriority creditor's name and mailing address Danielle Hunt 1122 Sheldon Dr Altamont, NY 12009-4308 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.42	Nonpriority creditor's name and mailing address David Considine 14 Windsor Ct Delmar, NY 12054-4304 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.43	Nonpriority creditor's name and mailing address David Travers 795 Western Tpke Duanesburg, NY 12056-3801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$245.00
3.44	Nonpriority creditor's name and mailing address Deanna R. Rochester 414 Fox Pointe Dr Dover, DE 19904-1416 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18.75

Debtor	The College of Saint Rose	Case number (if known)	24-11131
Name			
3.45	Nonpriority creditor's name and mailing address Deanna R. Rochester 414 Fox Pointe Dr Dover, DE 19904-1416 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37.50
3.46	Nonpriority creditor's name and mailing address Deborah Carter 775 Myrtle Ave Albany, NY 12208-2621 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.50
3.47	Nonpriority creditor's name and mailing address Donna Kirker 21 Mallard Dr Rexford, NY 12148-1515 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.48	Nonpriority creditor's name and mailing address Dump It, LLC 5 Exchange Street Albany, NY 12205 Date(s) debt was incurred ____ Last 4 digits of account number 3268	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,080.00
3.49	Nonpriority creditor's name and mailing address EAB PO Box 603519 Charlotte, NC 28260 Date(s) debt was incurred ____ Last 4 digits of account number 1404	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Contract Termination Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$503,756.03
3.50	Nonpriority creditor's name and mailing address Educational Computer Systems, Inc PO Box 936565 Atlanta, GA 31193-6565 Date(s) debt was incurred ____ Last 4 digits of account number 1706	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$360.00
3.51	Nonpriority creditor's name and mailing address Elizabeth Evans 22 Lois Ct Albany, NY 12205-2442 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44.79

Debtor	The College of Saint Rose	Case number (if known)	24-11131
Name			
3.52	Nonpriority creditor's name and mailing address Elizabeth Power 7403 Wells Blvd Hyattsville, MD 20783-1921 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$72.30
3.53	Nonpriority creditor's name and mailing address Elizabeth Willis 16 Pinewood Dr Schenectady, NY 12302-4714 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250.00
3.54	Nonpriority creditor's name and mailing address Emelie Engstrom East 81st St New York, NY 10028 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.55	Nonpriority creditor's name and mailing address Emily Pinkerton 275 Woodlawn Ave Albany, NY 12208-2503 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$350.00
3.56	Nonpriority creditor's name and mailing address Emma Tuey 270 Broome St Catskill, NY 12414-2034 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29.70
3.57	Nonpriority creditor's name and mailing address Emma Tuey 270 Broome St Catskill, NY 12414-2034 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19.80
3.58	Nonpriority creditor's name and mailing address Emma Yakalis 82 North St Apt 2 Walton, NY 13856-1340 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$90.00

Debtor	The College of Saint Rose	Case number (if known)	24-11131
Name			
3.59	Nonpriority creditor's name and mailing address Erin Lyke 1087 Scott Greene Rd Roxbury, NY 12474-1472 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$277.05</u>
3.60	Nonpriority creditor's name and mailing address Fatima Khaleel 436 Elk St Albany, NY 12206-2703 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3.33</u>
3.61	Nonpriority creditor's name and mailing address Fatima Khaleel 436 Elk St Albany, NY 12206-2703 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3.33</u>
3.62	Nonpriority creditor's name and mailing address FirstLight Fiber PO Box 1301 Williston, VT 05495 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Contract Termination</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$47,719.39</u>
3.63	Nonpriority creditor's name and mailing address FirstLight Fiber PO Box 1301 Williston, VT 05495 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>October Monthly Services for Telephone and Internet</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$9,715.84</u>
3.64	Nonpriority creditor's name and mailing address Franchesca Lesley Aimee Braceros 6 Felicia Ct Albany, NY 12205-4419 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$14.20</u>
3.65	Nonpriority creditor's name and mailing address Frank Ahearn 2520 Cypress Island Ct Wellington, FL 33414-7000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$250.00</u>

Debtor **The College of Saint Rose**
Name

Case number (if known) **24-11131**

3.66	Nonpriority creditor's name and mailing address Gabriella George 374 Morris St Albany, NY 12208-3326 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7.28
3.67	Nonpriority creditor's name and mailing address Gia Gencic 9221 Sienna Vista Dr Las Vegas, NV 89117-7032 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$365.00
3.68	Nonpriority creditor's name and mailing address Gina E. Zuckrow 2 Graham Pl Ellenville, NY 12428-5616 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$451.40
3.69	Nonpriority creditor's name and mailing address Grand Rivers PO Box 2094 Saratoga, CA 95070-0094 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,150.00
3.70	Nonpriority creditor's name and mailing address Greater Worcester Community Foundation 1 Mercantile Street, Ste. 010 Worcester, MA 01608 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,500.00
3.71	Nonpriority creditor's name and mailing address Green Genies PO Box 11342 Albany, NY 12211 Date(s) debt was incurred ____ Last 4 digits of account number 6045	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$360.00
3.72	Nonpriority creditor's name and mailing address H.T. Lyons 7165 Ambassador Drive Allentown, PA 18106 Date(s) debt was incurred ____ Last 4 digits of account number 9690	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$126.59

Debtor **The College of Saint Rose**
Name

Case number (if known) **24-11131**

3.73	Nonpriority creditor's name and mailing address Haleigh S. Rojas 255 Patroon Creek Blvd Albany, NY 12206-5045 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$125.00
3.74	Nonpriority creditor's name and mailing address Hannah Deetz 101 Craigie Ave Scotia, NY 12302-1213 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$53.57
3.75	Nonpriority creditor's name and mailing address Hannah Deetz 101 Craigie Ave Scotia, NY 12302-1213 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$53.57
3.76	Nonpriority creditor's name and mailing address Hannah Deetz 101 Craigie Ave Scotia, NY 12302-1213 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$232.16
3.77	Nonpriority creditor's name and mailing address Hannah Liscomb 34 Pine Dr N Nassau, NY 12123-9739 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500.00
3.78	Nonpriority creditor's name and mailing address Heather Fronckowiak 16 Powerhouse Rd Schaghticoke, NY 12154-4001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$74.67
3.79	Nonpriority creditor's name and mailing address Heather M. Tarbox 22 Daytona Ave Albany, NY 12203-2517 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$303.00

Debtor	The College of Saint Rose	Case number (if known)	24-11131
Name			
3.80	Nonpriority creditor's name and mailing address Heidi Peratikos 25 Queen Anne Ln Wappingers Falls, NY 12590-6013 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$105.00
3.81	Nonpriority creditor's name and mailing address Hellen Jumo 23 Cummings Rd Apt 6 Brighton, MA 02135-7348 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$116.68
3.82	Nonpriority creditor's name and mailing address Hessem Loayza-Ladcani 61 Anchor Ln Levittown, NY 11756-4434 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300.00
3.83	Nonpriority creditor's name and mailing address Hogan Marren Babbo & Rose, Ltd. 3400 W 111th Street, #109 Chicago, IL 60655 Date(s) debt was incurred ____ Last 4 digits of account number 9245	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$630.00
3.84	Nonpriority creditor's name and mailing address Hosanna G. Davis 571 Center Cambridge Rd Cambridge, NY 12816-1905 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18.75
3.85	Nonpriority creditor's name and mailing address Hunter Devins 3040 State Route 3 Cadyville, NY 12918-1729 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.86	Nonpriority creditor's name and mailing address Ilia Bakhriev 202 Ontario St Fl 2 Albany, NY 12203-1310 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$772.00

Debtor	The College of Saint Rose	Case number (if known)	24-11131
Name			
3.87	Nonpriority creditor's name and mailing address iWave Information Systems, Inc. 182-134 Kent Street, 2nd Level Charlottetown, PE C1A8R8 Canada Date(s) debt was incurred ____ Last 4 digits of account number <u>6224</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Contract Termination</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,972.90
3.88	Nonpriority creditor's name and mailing address Jaime Iglehart 491 State St Apt 3A Albany, NY 12203-1019 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27.00
3.89	Nonpriority creditor's name and mailing address Janice Jenkins 1216 Arley Ct Valley Stream, NY 11580-1415 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$547.00
3.90	Nonpriority creditor's name and mailing address Jannetta Briscoe 437 Arthur St Schenectady, NY 12306-3113 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.91	Nonpriority creditor's name and mailing address Jason Landry 435 East Ave Lewiston, ME 04240-4739 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
3.92	Nonpriority creditor's name and mailing address Jaysalee Salcedo 174 Jefferson St Apt 1 Brooklyn, NY 11206-6301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62.50
3.93	Nonpriority creditor's name and mailing address Jeffrey Gelinas 17 Ingersoll Dr Westfield, MA 01085-4922 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00

Debtor	The College of Saint Rose	Case number (if known)	24-11131
Name			
3.94	Nonpriority creditor's name and mailing address Jeffrey Palmer 105 Manning Blvd Apt 1 Albany, NY 12203-1739 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12.38
3.95	Nonpriority creditor's name and mailing address Jenna R. Muckle 272 Stuffle St Cropseyville, NY 12052-2619 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$378.48
3.96	Nonpriority creditor's name and mailing address Jennifer Lane-Byrne 1210 Hyman Ave Bay Shore, NY 11706-5342 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70.00
3.97	Nonpriority creditor's name and mailing address Jessica Litt 409 Hackett Blvd Albany, NY 12208-1636 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.98	Nonpriority creditor's name and mailing address Jill Hepp 23 W Sky Ln Clifton Park, NY 12065-6774 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$633.97
3.99	Nonpriority creditor's name and mailing address Jill Hepp 23 W Sky Ln Clifton Park, NY 12065-6774 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$431.34
3.100	Nonpriority creditor's name and mailing address Joanna Forrest 79 Locust Ave Oakdale, NY 11769-1604 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.95

Debtor	The College of Saint Rose	Case number (if known)	24-11131
Name			
3.101	Nonpriority creditor's name and mailing address John Ciano 121 Vermont View Dr Watervliet, NY 12189-1040 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,116.33
3.102	Nonpriority creditor's name and mailing address John Dzurica 35 Pyramid Pines Est Saratoga Springs, NY 12866-9428 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$66.74
3.103	Nonpriority creditor's name and mailing address Jonathan DiMario 60-24 68th St Maspeth, NY 11378 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.00
3.104	Nonpriority creditor's name and mailing address Josie Mertz 305 Fall Creek Ter Stroudsburg, PA 18360-9278 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2.71
3.105	Nonpriority creditor's name and mailing address Jovan Carpino 24A Greenlea Dr Clifton Park, NY 12065-5705 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$180.00
3.106	Nonpriority creditor's name and mailing address Julia Berak 31 Brookland Farms Rd Paughkeepsie, NY 12601-5822 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$120.00
3.107	Nonpriority creditor's name and mailing address Julia G. Fikar 87 S 3rd St Bethpage, NY 11714-2607 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3.13

Debtor **The College of Saint Rose**
Name

Case number (if known) **24-11131**

3.108	Nonpriority creditor's name and mailing address Julia Gargano 123 Willard Ave Staten Island, NY 10314-2274 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$399.74
3.109	Nonpriority creditor's name and mailing address Julianne Keegan 14 Maple In Cohoes, NY 12047-2211 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$600.00
3.110	Nonpriority creditor's name and mailing address Julie Evans 39 S 3rd St Hudson, NY 12534-2124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$87.36
3.111	Nonpriority creditor's name and mailing address Justin Simon 1026 Madison Ave Troy, NY 12180-5436 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$260.00
3.112	Nonpriority creditor's name and mailing address Kari Francis 250 45th St Apt 2 Brooklyn, NY 11220-1006 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$78.40
3.113	Nonpriority creditor's name and mailing address Katherine L. Rice 43 S Main St Schaghticoke, NY 12154-4004 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28.00
3.114	Nonpriority creditor's name and mailing address Katherine L. Rice 43 S Main St Schaghticoke, NY 12154-4004 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$56.00

Debtor	The College of Saint Rose	Case number (if known)	24-11131
Name			
3.115	Nonpriority creditor's name and mailing address Kelly Fagan 2352 County Route 41 Greenville, NY 12083-4626 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3.88
3.116	Nonpriority creditor's name and mailing address Kevin Zou 1731 Bay Ridge Ave Brooklyn, NY 11204-5016 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$130.00
3.117	Nonpriority creditor's name and mailing address Kimani Glanville 1029 Delamont Ave Schenectady, NY 12307-1801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.118	Nonpriority creditor's name and mailing address Laura Albright 8 Jefferson Rd Glenmont, NY 12077-3302 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250.00
3.119	Nonpriority creditor's name and mailing address LCS Landscapes NY 42 Cottage Street Poughkeepsie, NY 12601 Date(s) debt was incurred ____ Last 4 digits of account number 2374	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,640.00
3.120	Nonpriority creditor's name and mailing address Level 3 Communications, LLC PO BOX 910182 Denver, CO 80291 Date(s) debt was incurred ____ Last 4 digits of account number 5261	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,399.72
3.121	Nonpriority creditor's name and mailing address Liam Traynor 668 Birchwood Park Dr Middle Island, NY 11953-2631 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13.20

Debtor **The College of Saint Rose**
Name

Case number (if known) **24-11131**

3.122	Nonpriority creditor's name and mailing address Luisa Rivas Perez 65 Westerlo St Apt F Albany, NY 12202-2090 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$57.86
3.123	Nonpriority creditor's name and mailing address Macen Mero 87 Macey Ln Plattsburgh, NY 12901-5923 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30.00
3.124	Nonpriority creditor's name and mailing address Mack Cain PO Box 950 Oxford, NY 13830-0950 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$48.75
3.125	Nonpriority creditor's name and mailing address Madison Galvin 24 S Main Ave Albany, NY 12208-2618 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$133.33
3.126	Nonpriority creditor's name and mailing address Malak Talabah 299 Sherman St Albany, NY 12206-2513 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.25
3.127	Nonpriority creditor's name and mailing address Malak Talabah 299 Sherman St Albany, NY 12206-2513 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$78.75
3.128	Nonpriority creditor's name and mailing address Malak Talabah 299 Sherman St Albany, NY 12206-2513 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$48.75

Debtor	The College of Saint Rose	Case number (if known)	24-11131
Name			
3.129	Nonpriority creditor's name and mailing address Malcolm M. Moran 2161 Guilderland Ave Schenectady, NY 12306-4434 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45.00
3.130	Nonpriority creditor's name and mailing address Malcolm M. Moran 2161 Guilderland Ave Schenectady, NY 12306-4434 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$312.22
3.131	Nonpriority creditor's name and mailing address Manideep Vanam 445 Livingston Ave Apt 2B Albany, NY 12206-2815 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3.33
3.132	Nonpriority creditor's name and mailing address Margaret Fleming 15167 23rd Ave Whitestone, NY 11357-3709 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$243.00
3.133	Nonpriority creditor's name and mailing address Marguerite Vanden Wyngaard 14 Norwood Ave Fl 1 Albany, NY 12208-2815 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,724.21
3.134	Nonpriority creditor's name and mailing address Maria Ollivierre 85 Coleman St Dorchester, MA 02125-3178 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$69.17
3.135	Nonpriority creditor's name and mailing address Mark's Organic Pest Control 1 Poplar Avenue Troy, NY 12180 Date(s) debt was incurred ____ Last 4 digits of account number 1502	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: September and October Pest Control Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,000.00

Debtor	The College of Saint Rose	Case number (if known)	24-11131
Name			
3.136	Nonpriority creditor's name and mailing address Marwan Hennawi 1 W Hills Pl Melville, NY 11747-4119 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
3.137	Nonpriority creditor's name and mailing address Masconomet Regional Scholarship Foundati 20 Endicott Road Boxford, MA 01921 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250.00
3.138	Nonpriority creditor's name and mailing address Matthew Akins 6039 Johnston Rd Slingerlands, NY 12159-9747 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.139	Nonpriority creditor's name and mailing address Megan Dellaratta 67 Lebrun St Port Jeff Sta, NY 11776-3723 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$41.11
3.140	Nonpriority creditor's name and mailing address Meghan Hom 400 E 50th St New York, NY 10022-8039 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.141	Nonpriority creditor's name and mailing address MELISSA J. MARTINEZ / Aaron M Quinones 1375 Nelson Ave Apt 3J Bronx, NY 10452-2442 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19.25
3.142	Nonpriority creditor's name and mailing address Melissa Van De Wal 18 Villa Ave Albany, NY 12203-3214 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00

Debtor	The College of Saint Rose	Case number (if known)	24-11131
Name			
3.143	Nonpriority creditor's name and mailing address Meyers & Meyers 1734 Western Avenue Albany, NY 12203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$221.25
3.144	Nonpriority creditor's name and mailing address Mia Grassia 36 Hemlock Ln Bay Shore, NY 11706-7811 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
3.145	Nonpriority creditor's name and mailing address Michael Petrone 25 Durham Pl Lake Grove, NY 11755-2847 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.146	Nonpriority creditor's name and mailing address Michael Sutter Company 855 South 430 West Heber City, UT 84032 Date(s) debt was incurred ____ Last 4 digits of account number <u>8167</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6.38
3.147	Nonpriority creditor's name and mailing address Michelle Michaud 59 Amity St Apt 1 Cohoes, NY 12047-4102 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.148	Nonpriority creditor's name and mailing address Mikel Azcue 366 Western Ave Albany, NY 12203-1402 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$288.00
3.149	Nonpriority creditor's name and mailing address Milliman, Inc. PO Box 75553 Chicago, IL 60675 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,457.50

Debtor **The College of Saint Rose**
Name

Case number (if known) **24-11131**

3.150	Nonpriority creditor's name and mailing address Miosotis Tennant 100 Union Dr Apt 415 Albany, NY 12208-3454 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500.00
3.151	Nonpriority creditor's name and mailing address Monitronics Dept CH 14321 Palatine, IL 60055 Date(s) debt was incurred ____ Last 4 digits of account number 5192	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42.90
3.152	Nonpriority creditor's name and mailing address Nathan Greene 28 Woodrow Ct Troy, NY 12180-2154 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$72.12
3.153	Nonpriority creditor's name and mailing address Nathan Greene 28 Woodrow Ct Troy, NY 12180-2154 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$52.45
3.154	Nonpriority creditor's name and mailing address Nathan Greene 28 Woodrow Ct Troy, NY 12180-2154 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.23
3.155	Nonpriority creditor's name and mailing address National Grid Po Box 371376 Pittsburgh, PA 15250 Date(s) debt was incurred ____ Last 4 digits of account number 5462	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Electric and Gas Service Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$76,994.36
3.156	Nonpriority creditor's name and mailing address NRG Po Box 32179 New York, NY 10087 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Electric Service Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,938.38

Debtor	The College of Saint Rose Name	Case number (if known)	24-11131
3.157	Nonpriority creditor's name and mailing address NYC & URMG PO Box 95000-5430 Philadelphia, PA 19195 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Worker's Compensation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$85,497.00
3.158	Nonpriority creditor's name and mailing address NYS DOH Office of Health Insurance Progr 1 Commerce Plaza, 99 Washington Ave Albany, NY 12210-2822 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.159	Nonpriority creditor's name and mailing address NYS Higher Education Services Corporation 99 Washington Avenu Albany, NY 12255 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,500.00
3.160	Nonpriority creditor's name and mailing address NYS Office for People with Develomental Disabilites 500 Balltown Road Schenectady, NY 12304 Date(s) debt was incurred ____ Last 4 digits of account number <u>4901</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$803.57
3.161	Nonpriority creditor's name and mailing address Nyzair L Sheldon 5 Stephen St Albany, NY 12202-1512 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.162	Nonpriority creditor's name and mailing address Olivia Lockwood 329 Stormville Mountain Rd Stormville, NY 12582-5521 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$39.34
3.163	Nonpriority creditor's name and mailing address Opal Beyer 29 Clinton Ct Stillwater, NY 12170-1307 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00

Debtor	The College of Saint Rose Name	Case number (if known)	24-11131
3.164	Nonpriority creditor's name and mailing address Paige McCulloch 7 Lindberg Dr Latham, NY 12110-4105 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21.30
3.165	Nonpriority creditor's name and mailing address Pam Smith 157 W 21st St Huntington Station, NY 11746-2121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
3.166	Nonpriority creditor's name and mailing address Pension Benefit Guaranty Corp. P.O. Box 151750 Alexandria, VA 22315 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Pension Plan Underfunding Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.167	Nonpriority creditor's name and mailing address Peter Anadio 1180 County Highway 122 Gloversville, NY 12078-6132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$244.75
3.168	Nonpriority creditor's name and mailing address Peter Anadio 1180 County Highway 122 Gloversville, NY 12078-6132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,116.75
3.169	Nonpriority creditor's name and mailing address Peter Post 9137 County Rd 6 North Augusta, ON KOK 1R0 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
3.170	Nonpriority creditor's name and mailing address Philip Hasin 723 State St Albany, NY 12203-1318 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00

Debtor	The College of Saint Rose	Case number (if known)	24-11131
Name			
3.171	Nonpriority creditor's name and mailing address Quadient Finance USA, Inc. PO Box 6813 Carol Stream, IL 60197-6810 Date(s) debt was incurred ____ Last 4 digits of account number <u>6838</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44.45
3.172	Nonpriority creditor's name and mailing address Richard Bachan 1438 Schuyler St Schenectady, NY 12303-1025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.173	Nonpriority creditor's name and mailing address Sallyann Giess 305 Sandidge Way Albany, NY 12203-3634 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$130.00
3.174	Nonpriority creditor's name and mailing address Salvatore Canova 108 Roy St Massapequa, NY 11758-1628 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250.00
3.175	Nonpriority creditor's name and mailing address Samantha E. Zimmerman 13 Frances Ln Kerhonkson, NY 12446-3204 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34.38
3.176	Nonpriority creditor's name and mailing address Samara Watson 50 Amsterdam Ave 13 G New York, NY 10023-7424 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34.03
3.177	Nonpriority creditor's name and mailing address Sarah Heikkinen 342 Congress St Apt 2 Troy, NY 12180-4367 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2.99

Debtor	The College of Saint Rose Name	Case number (if known)	24-11131
3.178	Nonpriority creditor's name and mailing address Sarah Johnson 20 Plum Poppy S Ballston Spa, NY 12020-4437 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250.00
3.179	Nonpriority creditor's name and mailing address Sarah L. Mattison 366 Western Ave Albany, NY 12203-1402 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6.07
3.180	Nonpriority creditor's name and mailing address Shavaria Perkins 26 Coachman Sq Clifton Park, NY 12065 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$175.00
3.181	Nonpriority creditor's name and mailing address Shayna Ireland 49 Wineberry Ln Malta, NY 12020-4715 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
3.182	Nonpriority creditor's name and mailing address Silvia Mejia 46 Cardinal Ave Albany, NY 12208-2719 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$503.51
3.183	Nonpriority creditor's name and mailing address Sodexo Inc. & Associates PO Box 360170 Pittsburgh, PA 15251 Date(s) debt was incurred ____ Last 4 digits of account number 9678	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,187,686.08
3.184	Nonpriority creditor's name and mailing address Spectrum PO Box 6030 Carol Stream, IL 60197 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$321.93

Debtor	The College of Saint Rose Name	Case number (if known)	24-11131
3.185	Nonpriority creditor's name and mailing address State of South Carolina Office of the Secretary of State 1205 Pendleton Street, Ste. 525 Columbia, SC 29201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Fine</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.186	Nonpriority creditor's name and mailing address Stephen Trempel 1058 Woodmere Dr Bethlehem, PA 18017-2338 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.187	Nonpriority creditor's name and mailing address Tanishq Iyengar Hamilton Township 166 Crest Avenue Trenton, NJ 08690-2104 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75.00
3.188	Nonpriority creditor's name and mailing address Tatiana Sierra-Rodriquez 295 Colonie St Apt 2E Albany, NY 12210-2561 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2.24
3.189	Nonpriority creditor's name and mailing address Taylor Silvano 16 W Erie St Apt 2 Albany, NY 12208-2404 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21.30
3.190	Nonpriority creditor's name and mailing address Teresa Kessler 11 Minnowbrook Ave Apt 1 Delmar, NY 12054-2939 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$73.00
3.191	Nonpriority creditor's name and mailing address Thomas Antorino 29 Gristmill Ln Halesite, NY 11743-2134 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Uncashed Check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00

Debtor	The College of Saint Rose	Case number (if known)	24-11131
Name			
3.192	Nonpriority creditor's name and mailing address Thomas H. Zaloga 17 Clifford Ave Latham, NY 12110-4401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15.63
3.193	Nonpriority creditor's name and mailing address Thomas Hoffay 38 Shadow Wood Way Ballston Lake, NY 12019-1212 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$175.00
3.194	Nonpriority creditor's name and mailing address Thomas Jefferson University 4201 Henry Ave Philadelphia, PA 19144-5409 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250.00
3.195	Nonpriority creditor's name and mailing address Thomas Kelsh 6131 Meadow Grove Loop Wilmington, NC 28409 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.00
3.196	Nonpriority creditor's name and mailing address Tia Monique L. Millwood 20 State St Otisville, NY 10963-2355 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13.00
3.197	Nonpriority creditor's name and mailing address Tia Monique L. Millwood 20 State St Otisville, NY 10963-2355 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6.75
3.198	Nonpriority creditor's name and mailing address TMA Systems, LLC 1876 Utica Square, Third Floor Tulsa, OK 74114 Date(s) debt was incurred ____ Last 4 digits of account number 4901	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,378.36

Debtor **The College of Saint Rose**
Name

Case number (if known) **24-11131**

3.199	Nonpriority creditor's name and mailing address Tracy Sitterly 5 Ridgefield Way Watervliet, NY 12189-1667 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
3.200	Nonpriority creditor's name and mailing address Tri-County Refrigeration 3481 Waverly Road Owego, NY 13827 Date(s) debt was incurred ____ Last 4 digits of account number 1843	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,050.00
3.201	Nonpriority creditor's name and mailing address Tricia Pascucci 9 Walnut Rd Mechanicville, NY 12118-3325 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.202	Nonpriority creditor's name and mailing address Trisha Vecchione 7 Moreland Ave Iatham, NY 12110-4536 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250.00
3.203	Nonpriority creditor's name and mailing address Tristan Kisling 56 Via Da Vinci Clifton Park, NY 12065-2906 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250.00
3.204	Nonpriority creditor's name and mailing address Tucker Beaudoin 801 Rocky Ln Bennington, VT 05201-8427 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3.07
3.205	Nonpriority creditor's name and mailing address U.S Department of Education 400 Maryland Avenue, SW Washington, DC 20202 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Closed School Discharge Claim Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	The College of Saint Rose	Case number (if known)	24-11131
Name			
3.206	Nonpriority creditor's name and mailing address UHY, LLP PO Box 72243 Cleveland, OH 44192 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Auditing Services through 9/30/24 Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,300.62
3.207	Nonpriority creditor's name and mailing address Usherwood Office Technology 1005 W Fayette Street Syracuse, NY 13204 Date(s) debt was incurred ____ Last 4 digits of account number 2024	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: October Printing and Mail Room Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,758.08
3.208	Nonpriority creditor's name and mailing address Verizon PO Box 408 Newark, NJ 07101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$249.06
3.209	Nonpriority creditor's name and mailing address Virginia Fontanilles 23 King Pl Westfield, MA 01085-2824 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25.00
3.210	Nonpriority creditor's name and mailing address Vital Records Control POBox 11407 Birmingham, AL 35246 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$78.50
3.211	Nonpriority creditor's name and mailing address W DANIEL BILLINGTON DMD MS PLLC 2 Executive Park Dr. Albany, NY 12203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$460.08
3.212	Nonpriority creditor's name and mailing address Watermark Insights, LLC PO Box 736632 Dallas, TX 75373 Date(s) debt was incurred ____ Last 4 digits of account number 4087,4964	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Contract Termination Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$122,270.50

Debtor **The College of Saint Rose**
Name

Case number (if known) **24-11131**

3.213	Nonpriority creditor's name and mailing address Whiteman Osterman & Hanna LLP One Commerce Plaza Albany, NY 12210 Date(s) debt was incurred ____ Last 4 digits of account number 2680	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$162.50
3.214	Nonpriority creditor's name and mailing address Yolanda Caldwell 43 Grafton Rd Glenmont, NY 12077-3135 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$110.67
3.215	Nonpriority creditor's name and mailing address Yvonne Boyd 5 Jennings Dr Albany, NY 12204-1757 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.00
3.216	Nonpriority creditor's name and mailing address Yvonne Boyd 5 Jennings Dr Albany, NY 12204-1757 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5.00
3.217	Nonpriority creditor's name and mailing address Zachary R. Ebert 951 South St Apulia Station, NY 13020-2007 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$68.75
3.218	Nonpriority creditor's name and mailing address Zachary T. Noll 23 Thatcher St Selkirk, NY 12158-1764 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Uncashed Check Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17.22

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	U.S Dept of Education Fed. Student Aid NY/Boston School Participation Division 32 Old Slip 25th Fl. New York, NY 10005	Line 3.205 <input type="checkbox"/> Not listed. Explain ____	—

Debtor **The College of Saint Rose**
Name

Case number (if known) **24-11131**

Name and mailing address

On which line in Part1 or Part 2 is the
related creditor (if any) listed?

Last 4 digits of
account number, if
any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 432,375.04
5b. +	\$ 2,208,751.46
5c.	\$ 2,641,126.50